Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

12205

Application ID:

09682353

Title of Invention:

Obesity Treatment Aid

First Named Inventor:

Richard Hall

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2001-08-24

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

1320.02

cn=Anton John Hopen, ou=Registered Attorneys, ou=Patent and

Digital Certificate Holder:

Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

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Total Fees Authorized:

\$481.0

Payment Category:

CC - Credit Card

Credit Card Number:

********2000

Expiration Date:

05312002

Card Holder Name:

Anton J. Hopen

RAM User ID:

EFSPROD

RAM Accounting Date:

2001-08-24

RAM Sequence Number:

331367

RAM Payment Status:

RAM success

Postal Code:

33760

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

1320.02

Obesity Treatment Aid

First Named Inventor: Richard M. Hall

SUBMITTED BY

Name:

Ronald E. Smith

Registration Number:

28761

Electronic Signature Mark: /Ronald

E. Smith/

Date Signed: 20010823

Name:

Anton J. Hopen

Registration Number:

41849

Electronic Signature Mark: /Anton

71015

J. Hopen/

Date Signed: 20010823

Name:

Matthew G. McKinney

Registration Number:

46920

Electronic Signature

Date Signed: 20010823

Mark: /Matthew G. McKinney/

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal

fee-transmittal

specification

declaration

declaration

1320dapds.xml

1320dfee.xml

Spec.xml

Dec01.tif

Dec02.tif

Attached Image File(s):

Dec01.tif

Dec02.tif

Comments:

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

- This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sough the invention entitled:

TITLE OF INVENTION

Obesity Treatment Aid

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specifica including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in Code of Federal Regulations, \S 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all bus in the Patent and Trademark Office connected therewith.

Anton J. Hopen Ronald E. Smith Matthew G. McKinney Registration Number 41,849 Registration Number 28,761 Registration Number 46,920

I hereby appoint the practitioner(s) associated with the Customer Number provided beloprosecute this application and to transact all business in the Patent and Trademark Office connections with the customer and the connection of the connection of the connection of the connection of the customer and the customer

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Smith & Hopen, P.A. 15950 Bay Vista Drive, Ste. 220 Clearwater, FL 33760 Customer No. 21,901 Ronald E. Smith (727) 507-8558

2001

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and the statements made on information and belief are believed to be true; and further that these statements made with the knowledge that willful false statements and the like so made are punishable by fir imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Inventor's signature

Richard M. Hall

Date

United Kingdom

Residence

Leeds, United Kingdom

8

Post Office Address

Country of Citizenship

11 Alwoodley Chase

Leeds LS17 8ER United Kingdom

FEE TRANSMITTAL

Electronic Version 1.0.4 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 481

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

2000

Expiration Date:

20020531

Authorized Name:

Anton J. Hopen

Billing Address:

33760

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	201	\$ 355	

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 34	203	\$ 9	14	\$ 126
Independent Claims: 3	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 126